

“Connecting Older Kansans with Community Mental Health Resources”

**This training is funded in part by The Kansas Department on Aging
and the Kansas Department of Social and Rehabilitation Services.**



“Connecting Older Kansans with Community Mental Health Resources”

Presented by the Office of Aging and Long Term Care (OALTC)

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Connecting Older Kansans with Community Mental Health Resources: **Discussion**

1. Why are you here today?
 2. What are the biggest challenges you face when providing services to older adults with mental health problems?
 3. What concerns do you have about serving older adults with mental health problems?
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Overview of Mental Illness: Statistics

- Nearly 20% of respondents age 55 and older reported having a mental health disorder.
 - Less than 3% of older adults seek mental health services.
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Overview of Mental Illness: Attitudes

- Stereotypical ideas about mental health
 - Belief that mental illness is a normal part of aging
 - Aging and old age are by definition depressing
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Common Disorders in Older Adults in Order of Prevalence

➤ Anxiety Disorders

- (Phobias, obsessive-compulsive disorder)

➤ Severe Cognitive Impairment

- (Alzheimer's Disease)

➤ Mood Disorders

- (Depressive Disorders)
 - *Some researchers believe that mood disorders, specifically depression, are more common than anxiety
-

Anxiety Disorders

- Thought by some to be even more common than depression

 - Two common types:
 - Generalized Anxiety Disorder
 - Panic Disorder
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Prevalence of Anxiety Disorders

- Anxiety disorders affect approximately 5% of people age 65 and older.
 - Women are more likely than men to have an anxiety disorder.
 - Generalized anxiety disorder, or GAD, is known to affect about 4 million adults.
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Generalized Anxiety Disorder: Selected DSM-IV TR Criteria

- Excessive anxiety and worry
 - Restlessness or feeling on edge
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance
-

Anxiety Disorders: Assessment and Treatment

- Thorough assessment very important
 - Psychotherapy and medication
-

Prevalence of Depression

- Depression is one of the most prevalent mental health disorders for older adults.
 - 8-20% of community dwellers and 15% of all older adults experience significant depression.
 - 5 million of today's 33 million Americans age 65 and older experience symptoms of depression.
-

Depression: Selected DSM-IV TR Criteria

- Depressed mood most of the day
 - Markedly diminished interest in all, or almost all, activities
 - Feelings of worthlessness
 - Recurrent thoughts of suicide
 - Significant weight loss
 - Insomnia or hyper insomnia
 - Fatigue
-

Depression: Symptoms More Common in Older Adults

- Hopelessness/helplessness about future
 - Statements about worthlessness
 - Apathy
 - Social isolation
 - Thoughts of suicide
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Risk Factors for Suicide

- Hopelessness
 - Prior Suicide Attempts
 - Caucasian Race
 - Substance Abuse
 - Male Gender
 - Medical Illness
 - Advanced Age
 - Living Alone
-

Depression Interventions

- Depression is treatable – at any age
 - Talk therapy
 - Medication
-

Severe and Persistent Mental Illness (SPMI)

➤ State of Kansas (SRS) Criteria

- Diagnostic
- Functional
- Risk

➤ Community Support Services (CSS) – division of CMHC serving SPMI adults

Addictions

A. Alcohol

B. Prescription Drugs

C. Illicit Drugs

D. Gambling

Prevalence of Problem Drinking

- Prevalence among community dwelling older adults: 3 – 10%.
 - Problem drinking is 2 – 6 times more common in men than women.
 - Two-thirds of older problem drinkers developed alcohol related problems before old age.
 - Most common psychiatric co-existing condition with alcohol abuse is depression.
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Risk Factors for Problem Drinking

- Male Gender
- Loss of Spouse
- Other Losses
- Inpatient Hospitalization
- History of Substance Abuse
- History of Psychiatric Disorder
- Family History
- Other Substance Use

Problem Drinking: Protective Factors

- Familial Social Support
 - Availability of Health/Social Services
 - New and Productive Social Roles
-

Patterns of Problem Drinking

Frequency

- Continuous
- Intermittent
- Binge

Onset

- Early Onset (Before Age 60)
 - Late Onset (After Age 60)
-

Problem Drinking: Barriers to Diagnosis, Referral and Treatment

- Stigma
 - Lack of behavioral stereotypes associated with alcohol problems
 - Symptoms of alcohol abuse or withdrawal mimic signs of aging
 - Physicians less likely to identify alcohol problems in older adults
 - Lack of treatment reimbursement resources
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Consequences of Alcohol Abuse

- Alcohol is toxic to almost every organ system.
 - Individuals are more susceptible to problems with:
 - **Cardiovascular Function**
 - **Cancer**
 - **Pancreatitis**
 - **Lung Infections**
 - **Brain Deterioration**
 - **Impaired Immune System**
 - **Liver Function**
 - **Malnutrition**
 - **Depression**
-

Alcohol Treatment

- Older adults tend to be more compliant than do younger adults.
 - Older adults tend to have the same or better treatment outcomes than do younger adults.
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Prescription Drug Use and Misuse

- Older adults use prescription drugs three times more than the general population.
 - On average, older persons take 4.5 medications per day.
 - The number of older adults who misuse or abuse prescription drugs is estimated to be as high as 2.5 million.
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Prescription Drug Misuse: Risk Factors

- Physical or cognitive problems impacting the ability to take the correct dose
 - Financial limitations
 - Prescriptions of medications for:
 - pain
 - anxiety/sleep
 - obesity
-

Illicit (Illegal) Drug Use

- In 2000, National Survey on Drug Abuse and Health reported 568,000 Americans age 55+ used illegal substances in the past month.
 - Caucasians at higher risk than African Americans or Hispanics.
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Gambling Addiction: Characteristics of Problem Gamblers

- Focused on Gambling to Exclusion of Other Interests
 - Development of Tolerance
 - Withdrawal Symptoms
 - “Chase” Their Losses
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Prevalence of Gambling Problems

- 1-5% of adult population has gambling problem.
 - Older adult gambling has increased from 35% in 1975 to 80% in 1999.
 - Women begin gambling later and gamble more of their monthly income.
-

Co-Existing Conditions

- In older adults, mental and physical health problems often co-occur
 - Interactive relationship – one causes declines in the other
 - Disability is the “hallmark” of depression in older adults
-

Conditions That Interact With Mental Illness

- Vision Impairments
 - Stroke
 - Heart Disease
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Asthma
 - Cancer
 - Type II Diabetes
 - Immune System
 - Gastrointestinal Disorders
 - Dementias
-

Distinguishing Dementia from Depression

<http://dubinserver.colorado.edu/prj/aro/Observe.html>

Primary Depression

- ✓ Onset of symptoms was noticeable
- ✓ Rapid progression in symptoms
- ✓ Complains of cognitive defects
- ✓ Complains in detail
- ✓ Emphasizes cognitive complaints

Primary Dementia

- ✓ Slow, gradual onset of symptoms
- ✓ Slow progression in symptoms
- ✓ No complaints of cognitive defects
- ✓ Vague Complaints
- ✓ Conceals or "explains away" cognitive complaints

Distinguishing Dementia from Depression

Continued

Primary Depression

- ✓ Highlights personal failures
- ✓ Makes little effort at tasks
- ✓ Does not try to keep up
- ✓ Is in distress

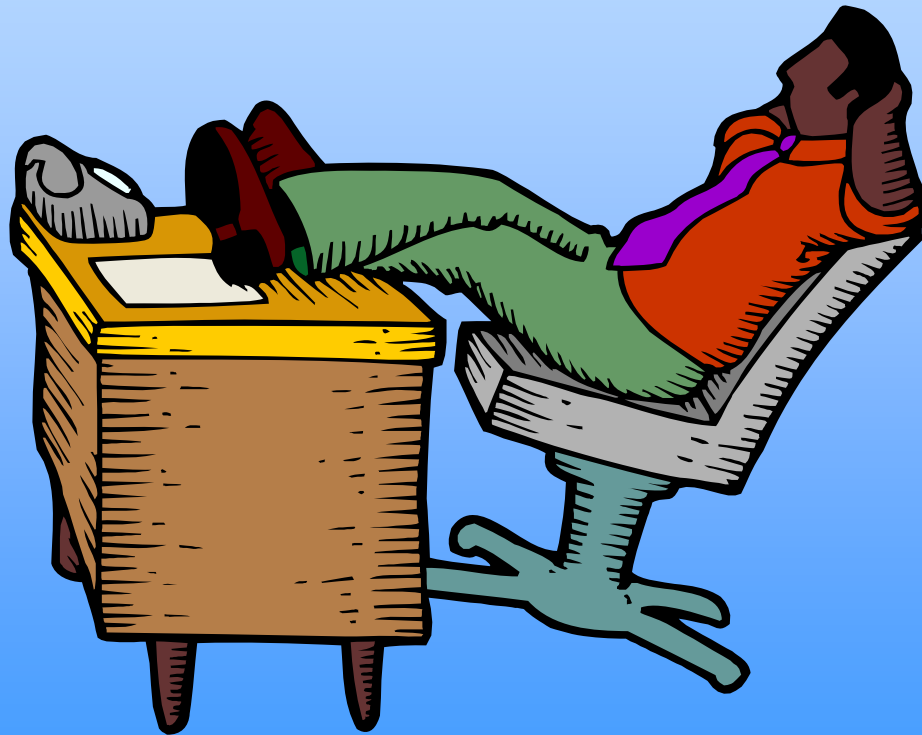
Primary Dementia

- ✓ Delight in personal accomplishments
 - ✓ Struggles with tasks
 - ✓ Relies on notes, calendars to keep up
 - ✓ Is unconcerned
-

Alzheimer's Disease

- Clinical depression exists in 20-40% of older adults with Alzheimer's disease.
 - Depressive symptoms may come and go.
 - Communication difficulties make discussing symptoms of depression difficult.
-

Short Break



Mental Health and Ethnicity and Culture

- “Minority group” defined as one which has historically had little power or influence
 - Negative effects of historical determination of “wellness” and “sickness” by majority group/ culture
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Mental Health and Ethnicity and Culture

- Role of risk factors in minorities bearing a disproportionately high burden of disability
 - Some risk factors are:
 - decreased access to healthcare
 - poorer quality care
 - more likely to live in poverty
 - more likely to work manual labor jobs which brings about a greater risk for physical injury and disability
-

Mental Health and Ethnicity and Culture

- Examples of effects of these risk factors:
 - African Americans over-diagnosed with Schizophrenia
 - 37% of Hispanic Americans have no health insurance
 - Alcoholism is leading cause of death among Native Americans
 - Suicide rate among Native Americans is 50% higher than the national average
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Mental Health and Ethnicity and Culture

- Nationally, the population of minority older adults is expected to increase by 500% in the next 50 years.
 - By 2050, in the U.S. one in five persons of a minority group will be age 65 and over.
 - By 2025, racial and ethnic minorities will represent more than 40% of all Americans.
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Mental Health and Ethnicity and Culture

➤ Culturally competent care involves:

- Understanding of cultures other than one's own
 - Recognizing importance of verbal communication
 - Recognizing importance of patience
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Mental Health and Ethnicity and Culture: So what does this all mean?

Case example and discussion:

- Martha is a 78 year old Hispanic woman
 - Immigrated from Mexico 15 years ago
 - Lives alone since being widowed 6 months ago
 - Daughter is requesting assistance with mother's care
 - Speaks limited English
 - Appears depressed and becomes tearful when asked about her husband
-

Religion and Spirituality

What do you think of talking with your customers about religion and spirituality?

Religion and Spirituality

- A strong religious faith or spiritual understanding and connection can positively contribute to successful aging:
 - Reduction in levels of depression and distress
 - Speed of recovery from depression
 - Overall greater well-being and life satisfaction
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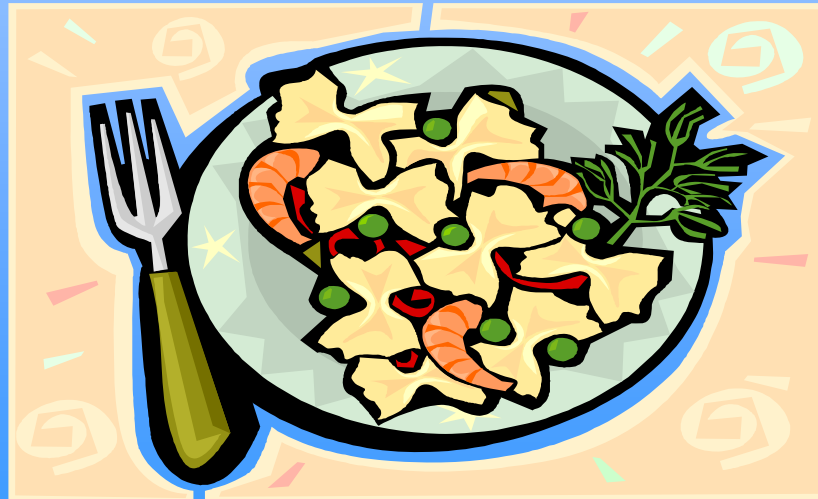
Religion and Spirituality

- Times to possibly consider accessing a faith based resource:
 - Losses – spouse/partner, family member, friend, job, home, health
 - Changes in mobility/skill
 - Transition from home to AL or NF
-

Religion and Spirituality

- Concrete strategies to enhance spirituality/meaning in customer's lives
 - Assess past spiritual/religious coping skills/mechanisms
 - Refer to appropriate clergy
 - Access outreach services provided by chosen faith organization
 - Allow the customer to take the lead in this process
-

Break for Lunch



Mental Health Screening Tool

Use of the tool is not mandatory – it is an option for use to enhance your work.

We will discuss:

- Reasons to consider use of the tool
 - Ideas about when and how to use the tool
-

Mental Health Screening Tool: Questions for Thought

- What would be an example of a change in routine that would make you think someone was having a mental health problem?

 - How would you address this problem with this person?
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Mental Health Screening Tool: K6

- Used by World Health Organization
 - Used for large studies in England and Australia
 - Used for a National Health Survey in the U.S.
 - Designed by Dr. Ronald Kessler from Harvard
 - Screening tool, **not** a diagnostic tool
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Mental Health Screening Tool: How is the K6 used?

- Ideas about when to utilize the K6
 - Suggested as a screening tool and a way to begin a conversation with your customers about mental health
 - Nature of relationship will clearly guide use
-

Mental Health Screening Tool: Scoring

- Numerical scale, 0-24
 - When is referral appropriate?
-

Addressing Challenging Situations

During pilot implementation, requests were received regarding ideas around how to address difficult or uncomfortable situations when talking about mental health.

Addressing Challenging Situations: Overview

- Sharing of specific helping strategies
 - Recognizing importance of individual skills and helping styles
 - Brainstorming about difficult situations
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Addressing Challenging Situations

Importance of awareness of and proper training in your agency's protocol regarding customer suicide risk.

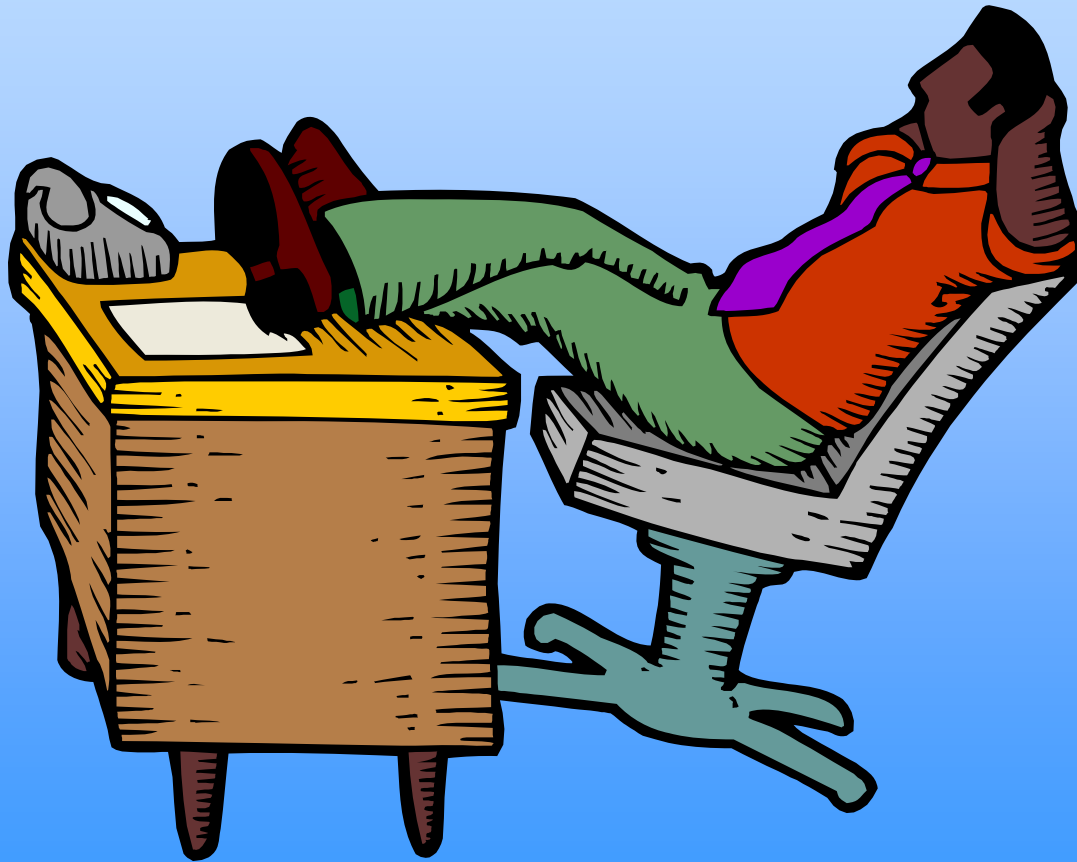
Addressing Challenging Situations

- Importance and nuances of active listening
 - Importance of understanding customer's experience and feelings
 - Importance of validation, normalization, and optimism
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Addressing Challenging Situations

Group exercise using the ideas of active listening, understanding customer's experience and feelings, validation, normalization and optimism.

Break



Referral to Mental Health Resources

Accessing Service Providers and Other Resources

Referral to Mental Health Resources

Abbreviations & Definitions

Referral to Mental Health Resources: CMHCs

- Local coordinating agencies for delivery of public community based mental health services
 - “County of Responsibility” – catchment area
 - Range of services – including therapy, medication, and testing
 - Community Support Services (CSS) – division that serves SPMI adults
 - Aging Specialists
-

Referral to Mental Health Resources: Questions to Ask Your CMHC

1. Do you have an Aging Specialist?
 2. Do you have any services specifically for older adults?
 3. Can any staff provide home-based services?
What kind?
 4. What is your sliding fee scale?
 5. Are services available for those who cannot pay for them? What kind?
 6. What is the average wait for services?
-

Referral to Mental Health Resources

Who is the service provider that older adults are most likely to see about a mental health problem?

Referral to Mental Health Resources: Other Mental Health Service Providers

- Private therapists, psychologists, psychiatrists
 - Community health providers
 - Specialized services for subpopulations
 - Inpatient hospital units
-

Referral to Mental Health Resources: To Ensure Service Reimbursement

1. Inform the provider what reimbursement method will be used.
 2. Contact insurance company/public benefit to determine covered services/co-pays.
 3. Before the first appointment, contact service provider's admissions/financial office for billing questions.
 4. Bring the most current insurance/benefits card to the first appointment.
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Referral to Mental Health Resources: Informal Mental Health Resources

What are they?

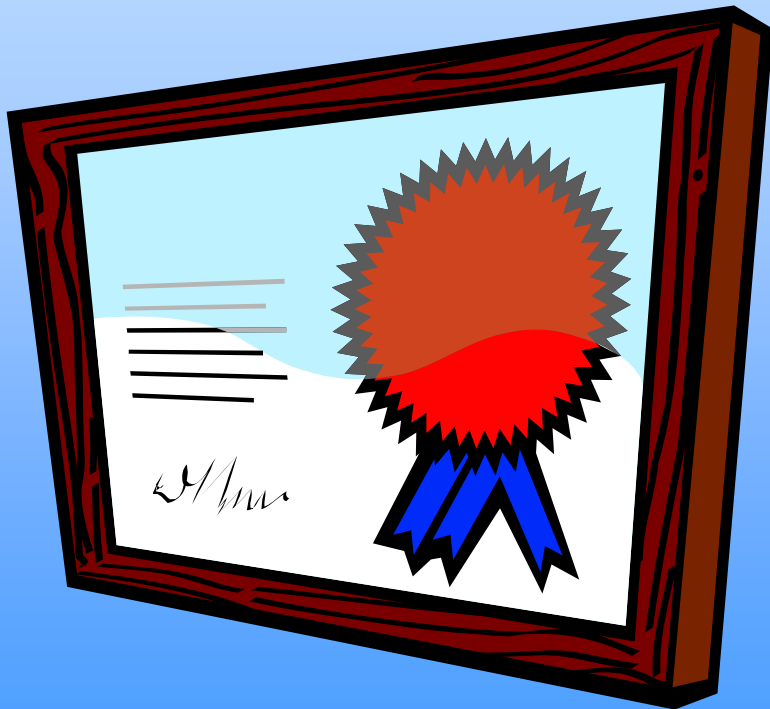
Referral to Mental Health Resources: Older Adult Focus Group Findings

- 1. Peer Outreach and Support**
 - 2. Involvement in Activities**
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Referral to Mental Health Resources

Local Mental Health Resources

Connecting Older Kansans with Community Mental Health Resources



Don't forget to fill
out your evaluation
forms and pick up
your certificate!

Thank you!
